TRAVEL EXPENSE CEANIN					
ARB/ASD 262A (REV. 1/2008)	Page	1	of	1	Pages

CLAIMAN	TT'C NAME					CCM OD	EMBLOVE	E MUMBE	D		DEDARTA	MENIT.			
CLAIMANT'S NAME Linda Adams					SSN OR EMPLOYEE NUMBER On File DEPARTMENT Cal/EPA										
POSITION CB/ID NUMBER							N OR BUR	NIIMBED							
Secretary for Environmental Protection						DIVISION OR BUREAU Office of the Secretary						INDEX NUMBER			
RESIDENCE ADDRESS						ADDRESS				TELEPHONE NUMBER					
On File				_	reet, 25th F					916-323-2514					
CITY STATE ZIP CODE						CITY	2001, 2011 1	.001			STATE	ZIP CODE			
On File						Sacramento CA						95814			
(1) MON	TH/YEAR	(3)	(4)	(5)	MEALS	•	(6)	(7)		TRANSP	ORTATION		(8)	(9)	
	ıy-09	LOCATION				O.T,L/T,		(A)	(B)	(C)		(D)			
(2)	WHERE EXPENSES		LODGING	į.		NC, RELO	INCIDEN-			CARFARE,		VATE	BUSINESS	TOTAL	
		WERE INCURRED		BREAK-		OR	TALS	COST OF	TYPE	TOLLS,	CAI	R USE	EXPENSE	EXPENSES	
DATE	TIME			FAST	LUNCH	DINNER		TRANS.	USED	PARKING	MILES	AMT		FOR DAY	
5/22	6:30	Departed Sacramento, CA -													
		Departed the Sacramento													
		Airport (SMF) at 08:10													
F/00	0:40	4 : 1: 0										0.00		0.00	
5/22	9:40	Arrived in Orange County -													
		Orange County Airport (SNA)													
												0.00		0.00	
5/22	15:30	Departed Orange County													
		Airport (SNA)													
F/00	40.00	A military of Construction CA										0.00		0.00	
5/22	18:00	Arrived Sacramento, CA -													
		Arrived at the Sacramento													
		Airport (SMF) at 16:50													
												0.00		0.00	
(10)															
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0	0.00		0.00	
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0		1	0.00	
	CLAIM TOTA											\$		-	
		TRIP, REMARKS AND DETAILS (A							_						
		Secretary for Environmen													
Busin	ess, Scie	ence and the University at	the Bed	kman C	enter ir	n Irvine	, Califor	nia. 300	guests)	from the	e Orang	e County	community	/, along	
with p	olicy ma	kers, business leaders, ar	nd educa	ators we	re in at	tendan	ce. The	confere	ence wa	s design	ed to be	a solution	ons oriented	b	
		nd it was a joint effort betw													
		ewkirk Center for Science												,	
								,							
8:00-5:00pm															
8.00-3.00pm							AGE	NCY ACO	UNTING C	FFICE US	E ONLY				
(13) PRIVATE VEHICLE LICENSE NO.															
(15) 114 11	TIE (EINE	BE BICEINED ING.													
(14) MILE	AGE RATE	CLAIMED													
\$ 0.550	AGE KATE	CLAINED													
Φ 0.550															
		NCY ACCOUNTING													
	0	FFICE USE ONLY													
PAII	D BY REVOL	VING FUND CHECK NUMBER													
(15)	I HERERY CE	RTIFY That the above is a true statement of	of the travel ex	rnenses incur	red by me in	accordance	with DPA ru	les in the sen	rice of the Sta	ite of Californi	a If a private	ly owned vehicle	e was used		
	and if mileage	rates exceed the minimum rate. I certify th	at the cost of	operating the	vehicle was	equal to or									
		s 0750, 0751, 0752, 0753 and 0754 pertaining	ng to vehcile s		at belt usage								1		
CLAIMANT'S	SIGNATURE			DATE		(16) SIGN	ATURE OF O	FICER APPR	DVING TRAV	EL AND PAY	MENT		DATE		
(17) SPEC	IAL EXPEN	ISE AUTHORIZATION - SIGNATU	RE and TIT	LE (See Ite	m 17 on re	verse)							DATE		
						,									